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 MICHAEL W. DOBBINS  
 CLERK, U.S. DISTRICT COURT

## UNITED STATES DISTRICT COURT

NORTHERN

District of

ILLINOIS

EASTERN DIVISION

MILTON DOWELL

Plaintiff

V.

MARTY C. ANGUSON

Defendant

APPLICATION TO PROCEED  
WITHOUT PREPAYMENT OF  
FEES AND AFFIDAVIT

08CV508

C JUDGE KENNELLY  
MAG. JUDGE COLEI, MILTON DOWELL

declare that I am the (check appropriate box)

 petitioner/plaintiff/movant  other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915 I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated?  Yes  No (If "No," go to Part 2)

If "Yes," state the place of your incarceration U.S. MEDICAL CENTER FEDERAL PRISONERS  
PO. BOX 4000, SPRINGFIELD, MO. 65801-4000

Are you employed at the institution? N/D Do you receive any payment from the institution? N/D

Attach a ledger sheet from the institution(s) of your incarceration showing at least the past six months' transactions.

2. Are you currently employed?  Yes  No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

N/A

b. If the answer is "No," state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

1994 - SELF EMPLOYED - 10,000.00

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "Yes," describe, on the following page, each source of money and state the amount received and what you expect you will continue to receive.

AO 240 Reverse (Rev. 10/03)

FRIEND APPROX. 60<sup>00</sup> PER MONTH

4. Do you have any cash or checking or savings accounts?  Yes  No  
 If "Yes," state the total amount. \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or any other thing of value?  Yes  No  
 If "Yes," describe the property and state its value.

W / A

6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support.

NO ONE

I declare under penalty of perjury that the above information is true and correct.

1-12-08

Date



Signature of Applicant

**NOTICE TO PRISONER:** A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.